

2D MT2024-00024

Well located: 28 029N US FORT PECK POPLAR EAST, ROOSEVELT CO. 29-D MT202

Copies of Checklist for Draft and Final Permits

Letter of Authorization to Inject, Copy of Permit, Copy of Statement of Basis Operator Suports (Monitoring, MIT, Financial

ENCY

FEB 26 1985

REF: 8WM-DW

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Alvin W. Simpson Manager of Operations Murphy Oil, U.S.A., Inc. 200 Peach Street El Dorado, Arkansas 71730

RE: UIC Permit Applications:
Wells - EPU 1-D, 5-D, 8-D, 29-D,
59-D and 80-D
East Poplar Field, Montana

Dear Mr. Simpson:

Your referenced permit applications contain numerous deficiencies, which to date, have not been adequately addressed. It is imperative that they be corrected and completed within fourteen (14) calender days from the receipt of this letter, as we find no reason to allow further extensions of time. In essence, if the deficiencies are not corrected in the fourteen day period, your authorization to inject under 40 CFR 144.21 automatically expires, and any further injection into any of these wells will be unlawful. Thereafter, injection activities will only be allowed IF: 1) complete applications are received, and 2) the wells are permitted.

Once an application is complete, processing time generally ranges from 50 to 70 days. Penalties for unauthorized injection are prescribed by the Safe Drinking Water Act (SDWA, P.L. 33-523, as amended) in Section 1423. In summery, they are: (a) civil penalties of up to \$5,000.00 per day per well, or, (b) in lieu of civil penalties, criminal penalties of up to \$10,000.00 per day per well. The importance of completing these applications should be obvious.

SYMBOL SUM-IN CCIM-DW SWM-DW BWM-DW BW-DW BWM-DW BWM-DW BW-DW BWM-DW BW-DW B

Correct Correct

Attached are explanations of the remaining deficiencies. Those shown in Attachment I are common to each application. Those in Attachment II and III are specific for individual wells. If you have any questions or are uncertain about what is required, you should call the penalt writer named on the well-specific list of deficiencies.

If it would be of help, you can arrange a meeting in our office by contacting the permit writers. Their phone numbers are included in the lists of deficiencies.

Sincerely, ORIGINAL SIGNED BY MAX H. GODSON

Max H. Dodson, Director Water Management Division

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Operator Reports (Monitoring, Workovers, MIT, Financial Res., P&A plan updates, etc.

200 Peach Street El Dorado, AR 71730

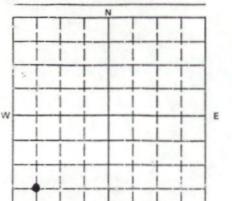
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460

OSAL/INJECTION WELL MONDRING REPORT NAME AND ADDRESS OF SURFACE OWNER

NAME AND ADDRESS OF EXISTING PERMITTEE Murphy Oil USA, Inc.

Zimmerman, Inc. P.O. Box 277 Poplar, MT 59255

LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT - 640 ACRES



PERMIT NUMBER COUNTY STATE MT521PK-0024 Roosevelt SURFACE LOCATION DESCRIPTION

28 TOWNSHIP 29N RANGE 51E MOF SW MOF SW MECTION LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT

Surface 6 6 0ft. from (N/S) S Line of guarter section

and 660t, from (E/W) W Line of quarter section

WELL ACTIVITY TYPE OF PERMIT

Rrine Disposal ☐ Enhanced Recovery

☐ Hydrocarbon Storage

CIndividual □ Area Number of Wells

Lease Name East Poplar Unit Well Number

29-D

TUBING - CASING ANNULUS PRESSURE INJECTION PRESSURE TOTAL VOLUME INJECTED (OPTIONAL MONITORING) HTMCM YEAR AVERAGE PSIG MAXIMUM PSIG BBL MCF MINIMUM PSIG MAXIMUM PSIG IN THIS WELL DURING 1987 NO WATER DISPOSED OF 5, 1987 WELL P & A - OCTOBER NO FURTHER REPORTS TO BE SUBMITTED ON THIS WELL

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

NAME AND OFFICIAL TITLE (Please type or print)

Raymond Reede

Production Manager

SIGNATURE

| SEPA | | | WASHING | G RECOR | , | | | | |
|---|---|--|---|---|------------------------------|--|---|------------|--|
| Murphy Oil USA, P.O. Box 547 | EPA REGION | 987 | Hal | liburton Drawer | Compan | | | | |
| PODIAR, MT 59255 DRIN | STATE | BRANCH | TY | can, OK | 73536 | PERMIT | NUMBER | | |
| SECTION PLAT - 640 ACRES | SURFAC | | ROOSEV DESCRIPTION | | ON 20 | TOWNSHIP | 29N MAN | er F1P | |
| | Surfac | WELL IN TW | om (N/S) S | Line of cuertar a | LINES OF QUA | ATER SECTIO | N AND DRILL | NG UNIT | |
| | 1 | TYPE OF PE | | Describe in de the method us | tail the mann | | | placed and | |
| W | □ Area | | | The ceme | ent was | mixed | at sur | face | |
| | Numbe | r of Wells | 1 | and pumped down 2-7/8" tubing | | | | | |
| CASING AND TUBING RECORD | AFTER PLUG | GING | | WEL | L ACTIVITY | MET | HOD OF EMPL | | |
| SIZE WT(LB/FT) PUT IN WELL (FT) | 156. | 45 | HOLE SIZE | ☐ Brine Disp □ Enhanced | | CEMENT PLUGS O The Balance Method The Dump Bailer Method | | | |
| 9-5/8 36# 5-1/2 15.5# | 996. 3888 | 44 | 12½ 8-3/4 | - D Hydrocarb | | The Two-Plug Method Well Number 29-D | | | |
| CEMENTING TO PLUG AND ABANDON DA | | PLUG #1 | PLUG #2 | _ | PLUG #4 | PLUG #5 | PLUG #6 | PLUG #7 | |
| Size of Hole or Pipe in which Plug Placed (inches) Depth to Bottom of Tubing or Drill Pipe (h.) | | 9-5/ 803 | 80 | /8 | | | | | |
| Sacks of Cement Used (each plug) Sturry Volume Pumped (cu. ft.) Calculated Top of Plug (ft.) | | 50 57.5 803 | 25 | 5 | | | | | |
| Measured Top of Plug (if tagged ft.) Slurry Wt. (Lb /Gal.) | | | 14 | | | | | | |
| Type Cement * | LIST ALL OF | PEN HOLE AN | O'OR PERFO | RATED INTERVAL | 5 | | | | |
| 853 | 887 | | | From | | То | | | |
| | | | | | | | | | |
| Signature of Cementer or Authorized Representative | | | Signatur | e of EPA Represer | Mative | | | | |
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| I certify under penalty of law is supervision in accordance will evaluate the information sursystem, or those persons direct to the best of my knowledge apenalties for submitting false violations. (Ref. 40 CFR 122.) | th a system bmitted B ctly respon and belief, t information | designer ased on asible for rue, accu | d to assure my inquire gathering rate, and o | chments wer that qualifie y of the person the informati omplete. I am | on or personner on, the info | ons who re ormations of there are | gather and manage the ubmitted is significan | d e | |
| NAME AND OFFICIAL TITLE (Please type or print) Raymond Reede | | SIGNATURE | | 0 | | DATE S | IGNED | | |
| District Production Manage | ger | Kayon | one | Reed | e | Octo | ober 26 | , 1987 | |

LOA Form 7520-13 (1-84)







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| attorney fees in the a | mount of 20% of the emou | nt of 1 | ine unpaid acco | runt. These terms and conditions shall be | soverned by the law | of the state wh | sta retajcat : | are performed | or equipme | at or materia | is are furnished. | |
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OF IN THE PRODUCTION OF GOODS AND OR
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HIS CONTRACT.

CUSTOMER

HALLIBURTON SERVICES JOB LOG

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.OHM 2013 B-7 VOLUME (BBL) (GAL) PRESSURE (PSI) PUMPS RATE (DPM) DESCRIPTION OF OPERATION AND MATERIALS TUBING CASING 37 1130 FISH STARTED IN HOLC 1700 97 / 200 1110 0730 0740 0750 0843

JOB LOG FORM 2013 R-2 VOLUME (BBL) (GAL) PRESSURE (PSI) CHART RATE (OPM) DESCRIPTION OF OPERATION AND MATERIALS . TUBING CABING

HALLIBURTON SERVICES

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UNITED STATES ENVIRONMENTAL PROTECTION AGEN WASHINGTON, DC 20460

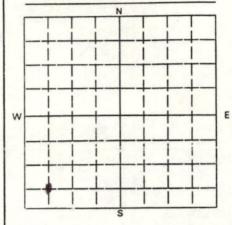
ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

NAME AND ADDRESS OF EXISTING PERMITTEE

Murphy Oil USA, Inc. P.O. Box 547

Poplar, MT 59255

LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT - 640 ACRES



NAME AND ADDRESS OF SURFACE OWNER

Zimmerman Inc. P.O. Box 277

Poplar, MT 59255

PERMIT NUMBER

MTS21PE-0024

3 1985

SURFACE LOCATION DESCRIPTION

COUNTY

STATE

MT

SW 4 SECTION 28 TOWNSHIP 29N RANGE 51E SW WOF 14 OF

LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT 들(어

Surface Location 660ft. from (N/S) S Line of quarter section

Roosevelt

and 660t. from (E/W) W Line of quarter section TYPE OF PERMIT

WELL ACTIVITY

☐ Individual ☐ Area

 Brine Disposal
 Enhanced Recovery Number of Wells __1 ☐ Hydrocarbon Storage

EPA REGION VIII DRINKING WATER BRANCH

Lease Name East Poplar Unit Weil Number 29-D

| | INJECTION | PRESSURE | TOTAL VOLUME | INJECTED | TUBING — CASING ANNULUS PRESSURE (OPTIONAL MONITORING) | | |
|--------------|---------------|--------------|--------------|----------|---|--------------|--|
| MONTH YEAR | AVERAGE PSIG | MAXIMUM PSIG | BBL | MCF | MINIMUM PSIG | MAXIMUM PSIG | |
| 8-84 | 600 | 600 | 44,587 | | 0 | 0 | |
| 9-84 | 600 | 600 | 87,671 | | 0 | 0 | |
| 10-84 | 10-84 600 610 | | 107,181 | | 0 | 0 | |
| 11-84 | 600 | 600 | 104,322 | | 0 | 0 | |
| 12-84 | 12-84 600 600 | | 111,861 | | 0 | 0 | |
| 1-85 | 600 | 600 | 111,735 | | 0 | 0 | |
| 2-85 | 600 | 610 | 97,464 | 97,464 | | 0 | |
| 3-85 | 600 | 600 | 121,918 | | 0 | 0 | |
| 4-85 | 580 | 580 | 147,215 | | 0 | 0 | |
| 5-85 | 580 | 580 | 118,634 | | 0 | 0 | |
| 6-85 | 580 | 580 | 113,020 | | 0 | 0 | |
| 7-85 560 560 | | 127,128 | | 0 | 0 | | |

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

| NAME AND OFFICIAL | TITLE (Please type or print) |
|-------------------|------------------------------|
| Raymond | Reede |
| District | Superintendent |

aymond Reedle

DATE SIGNED

8/27/85

.. Casing/Tubing Annulus Pressure Test

| Name of Company: Murphy Oil Corpora | tion | Date: | 9/27/85 | |
|-------------------------------------|------------|----------------------------|--------------------|-------|
| Name of Well: #29-D Welch | | Permit No.:_ | | |
| Name of Field East Poplar | | County: | Roosevelt | |
| Location of Well: SW 1/4 SW 1/ | 4 Sec. 2 | 8 T-29N R | -51E | |
| Type of Well: SWD X ER | | | | |
| Type of Packer: Baker Model | "AD-1" | | | |
| Packer Setting Depth: | 766 | | ÷. | |
| Surface Casing Size: 13 3/8 | From: | <u>o</u> Ft. To | 162 | _Ft. |
| Casing Size: 9 5/8 | From: | 0 Ft. To | 1002 | _Ft. |
| Tubing Size: 2 7/8 | _Amount:_ | | 66 | |
| Time of Test: 12:25 PM Pressur | re Gauge R | eading: | | |
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| 5 _ | | Casing leak Ray Reede n | | |
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| date of invoice. Upo | on Customore default in pa- | y man | of Customer's | falliburton in accord with the account by the last day of | the ments following th | #Inom s | in which the i | nvoice is dat | ed, Customer | derees to p | ay interest the | reas after default | at the |
| attorney fees in the | amount of 20% of the amou | at of | the unpaid acco | anoum, in the event it becoment. These terms and conditions | ans-shall be severned by | y (be law | of the state wi | seta retajent | are performe | or saniem | int or materia | is are furnished. | |
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| | HIS AGENT (SIGN | | | | HALLIBO | RTON | OPERAT | OR 1 | | | | | |

PAGE 1 OF

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THE CERTIFY THAT THE FAIR LABOR STANDARDS CT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER HIS CONTRACT.

CUSTOMER

HALLIBURTON SERVICES
JOBLOG

CUST INURPHY FACE NO. 347 189 - 4

CUST OF THE FACE NO. 347 189 - 4

DATE 10: 587

| CHART | TIME | RATE (OPM) | VOLUME | PUI | MPS | PRESSU | RE (PSI) | DESCRIPTION OF OPERATION AND MATERIALS |
|------------|-------|---------------|----------|--|----------|--|----------|--|
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